

**After School Child Care  
Registration Form**  
Marathon Area Elementary School  
2017-18 School Year  
*(Beginning Thurs., 09/05/2017)*



Student Full Name (one child per form) \_\_\_\_\_

Age \_\_\_\_\_ Grade (current school year) \_\_\_\_\_

Parent Full Name \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Indicate days in which child care is needed \_\_\_\_\_

Estimated time of pick up \_\_\_\_\_

Name(s) of individual(s) who will be picking the child up:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Medical Concerns \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Child Care enrollment will be capped based on the number  
of Child Care supervisors hired.

Earliest returned registration forms are given first consideration.